

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Jason C. Pettit
<035> Contact Telephone Number: Number of the person identified in data line <030>	6207675153 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jpettit@tctainc.net
Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctctainc.net

<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	<input checked="" type="radio"/> (yes / no) <input type="radio"/>
<111>		<input checked="" type="radio"/> (yes / no) <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

411839KS112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

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July 2013

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(300) Unfulfilled Service Request
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 411839

<015> Study Area Name TRI-COUNTY TEL ASSN

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Jason C. Pettit

<035> Contact Telephone Number - Number of person identified in data line <030> 6207675153 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> jpettit@tctainc.net

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jamon C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	411829	
<015> Study Area Name	TRI-COUNTY TEL ASSN	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Jason C. Pettit	
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctcainc.net	
<500> Certify compliance with applicable service quality standards and consumer protection rules	Yes	
<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	411839XS510.pdf	

(600) Functionality In Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@cototaine.net
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	411839KS610.pdf

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2016
17.0

See attached worksheet

710) Broadband Price Offsetting
Data Collection Form

FGC Form 431
OMB Control No. 3050-9985/OMB Control No. 3050-0819
JULY 2013

<010> Study Area Code 411839

<015> Study Area Name TRI-COUNTY TEL ASSN

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Jason C. Pettit

<035> Contact Telephone Number - Number of person identified in data line <030> 6207675153 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> jpettit@ctcainc.net

State		Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
See attached worksheet									

[illegible]

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2015

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	411839KS1010.pdf	Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau	
<1030>	Attach detailed description for broadband comparability compliance		Name of Attached Document

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FEC Form 439
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TEL-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctctainc.net

<1100>

Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130>

Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Data Collection Form

FCC Form 457r
OMB Control No. 3060-0086/OMB Control No. 3060-0089
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
<1220>	Link to Public Website	HTTP	www.tctelco.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rates of Return Carriers Affiliated with Price Cap Local Exchange Carriers

REC Form 431
OMB Control No. 3061-0055 OMB Control No. 3061-0059
July 2012

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1

2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1

2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(iii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)
 Data Collection Form
 Including Rates of Return, Carriers Affiliated with Price Cap Local Exchange Carriers
 FCC Form 481
 OMB Control No. 3000-0035 OMB Control No. 3000-0039
 July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(3009) Rate of Return Carrier Additional Documentation Data Collection Form	For Form 711 OMB Control No. 0330-0047 July 2011
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification 411839KS3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Yes - Attach New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information 411839KS3012.pdf
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports {Operating Report for Telecommunications Borrowers}	<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information 411839KS3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

FCR Form 411
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2015

(3005) Pre-Of Record Contract Additional Documentation (Continued)
Data Collection Form

<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctctinc.net

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jaron C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tccainc.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification Reporting Carrier Data Collection Form		Rec Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: TRI-COUNTY TEL ASSN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/27/2016
Printed name of Authorized Officer: Dale Jones	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6207675153 ext.	
Study Area Code of Reporting Carrier: 411839	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent/Carrier Data Collection Form	ICC Form 28 OMB Control No. 3060-0986/OMB Control No. 3060-0919 July 2013
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<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED - FOR PUBLIC INSPECTION

ATTACHMENT - LINE 112

ATTACHMENT REDACTED IN ITS ENTIRETY - CONFIDENTIAL

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

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 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctainc.net

1/1/2016
17.0

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

<703>

[illegible]

<010>	Study Area Code	411839
<015>	Study Area Name	TRI - COUNTY TEL ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jason C. Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctatinc.net

[illegible]

[illegible]

Tri-County Telephone Association, Inc.

Study Area: 411839

Per Section 700 of the Form 481 Tri-County Telephone Association, Inc. has a voice rate of 18.56 which is comparable to the national average and is not above the Voice Comparability Rate Bench Mark.

Our rate is comprised of:

Local Rate:	\$17.00
State Universal Service:	<u>\$ 1.56</u>
Total:	\$18.56

Tri-County Telephone Association Inc.

Life Line Program

Must Meet the Qualifications set forth by the Federal and State guidelines. (see attached sheets for guidelines)

Pricing:

Local Service	17.00	Includes unlimited local calling only no features or long distance.*
SLEC	6.50	Single Line End User Charge
Discount	<u>(17.02)</u>	Federal and State discount total

Total** 6.48 Total before applicable taxes and fees.

To continue to receive the discounts there is a yearly recertification process that needs to be completed. If this is not done by the recertification date then your discounts will be discontinued and you will be charged as a regular customer and not a life line customer.

If you have any questions or concerns about the Life Line Program please contact a Customer Service Representative at 620-767-5153 or 1-800-362-2576 or stop by our Solutions Center located at 923 W. Main St., Council Grove KS 66846. Office hours are Monday -Friday 8:00 AM to 5:00 PM

*Calling features and long distance are charged at normal tariff rates, please refer to our website (www.tctelco.net) for pricing information

**All taxes and fees will be charge accordingly to Federal, State and Local Laws.

KANSAS LIFELINE PROGRAM

*Save up to
\$17.02 off your
telephone bill!*

You may be eligible to receive up to \$17.02 off your monthly local telephone bill through the *Lifeline Program*.

You are eligible if you receive any of the following:

Supplemental Nutrition Assistance Program, General Assistance, Bureau of Indian Affairs General Assistance, Temporary Assistance for Needy Families, Tribally Administered Temporary Assistance for Needy Families, Medicaid, Supplemental Security Income (SSI), Head Start (tribal programs for only those meeting its income qualifying standard), Free School Lunch Program, Tribally Administered Free School Lunch Program, Food Distribution Program, Low Income Energy Assistance Program (LIEAP), Section 8 Public Housing Assistance, Food Distribution Program on Tribal Lands, or 150% of the federal poverty level*. A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of his or her tax return for the previous year.

For more information about *Kansas Lifeline*, call your **local** telephone company. The number is on your telephone bill or in the front part of the telephone directory.

***2016 Kansas Poverty Level Guidelines**

Number In Household	Maximum Annual Income
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335
Each additional person in household	\$ 6,240



The Kansas Lifeline program is 150% of the 2016 federal poverty level.

KANSAS LIFELINE CERTIFICATION FORM



COMPANY INFORMATION

Name: Tri-County Telephone Association Inc. Address: 1568 S. 1000 Rd. Council Grove, KS 66846

Contact's Name: Dale Jones Phone Number: 620-767-5153

Contact's E-mail Address: djones@tctainc.net

SUBSCRIBER INFORMATION

Full Name: _____ Acct. Number: _____

Full Residential Address: _____

(No P.O. Boxes) ☐ Permanent ☐ Temporary

Temporary Residential Address: _____

(e.g. shelter, friend, family member, etc.)

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

Lifeline Billing Address (P.O. Boxes Allowed): _____

☐ Check if Same as Residential Address

Date of Birth: _____ Last Four Digits of SS No: _____
MM / DD / YYYY XXXX

Tribal ID Number if no SS No.: _____
XXXXXXXXXXXX

① Subscriber seeking to qualify for Lifeline under *program-based criteria* check all applicable boxes below:

- ☐ Medicaid ☐ SNAP ☐ SSI ☐ FPHA (Section 8) ☐ LIHEAP ☐ TANF
☐ National School Lunch Program (Free Lunch Program) ☐ General Assistance (GA) ☐ Food Dist. Program

② Subscriber eligible resident on *Tribal Lands* check all applicable boxes below:

- ☐ Tribally Admin Free School Lunch Program ☐ Tribal TANF ☐ FDPIR
☐ Head Start (those meeting income standard) ☐ Bureau of Indian Affairs GA

③ Subscriber seeking to qualify for Lifeline under the *income-based criterion*, provide the number of individuals in residential household: _____

Number in Household

Note: A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

<See Back of Form>

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

KANSAS LIFELINE CERTIFICATION FORM



CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber **must** certify, under penalty of perjury for receiving Lifeline support, by **initialing** each applicable area:

- ____: The subscriber meets the income-based or program-based eligibility criteria listed above.
- ____: The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.
- ____: The subscriber qualifies for Lifeline support as an eligible **resident of Tribal lands**, and the subscriber **must** live on Tribal Lands.
- ____: When the subscriber moves to a **new address** the subscriber must provide that new address to the ETC within 30 days.
- ____: When subscriber provides a **temporary residential address** to the ETC, subscriber is required to verify their temporary residential address every 90 days.
- ____: Subscriber acknowledges that a household is eligible to receive **only** one Lifeline service and, to the best of his/her knowledge, the subscriber's household is **not** already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.
- ____: The information contained in this subscriber's certification form is true and correct to the best of subscriber's knowledge.
- ____: Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- ____: Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- ____: Lifeline is a **non-transferable benefit** and the subscriber may **not** transfer his or her benefit to any other person.
- ____: A household is not permitted to receive Lifeline benefits from multiple providers.
- ____: Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES

Subscriber's Signature: _____ Date: _____

Company's Signature: _____ Date: _____

Documentation Provided to Support Eligibility: _____

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

MILESTONE CERTIFICATION

June 20, 2016

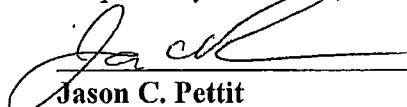
Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street SW
Room TW-A325
Washington, D.C. 20554

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. § 54.313(f)(1)(i)

Dear Ms. Dortch:

Tri-County Telephone Association Inc., Study Area Code 411839, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, hereby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,



Jason C. Pettit
Controller

Line 3012: Community Anchor Institutions

Community Anchor Institutions

Tri-County Telephone Association, Inc. has been providing broadband services to its community anchor institutions for several years. With that stated, there are no new broadband connections to report for community anchor institutions for 2015.

REDACTED - FOR PUBLIC INSPECTION

REDACTED

**[The Financial Report of Tri-County Telephone Association, Inc. is
redacted in its entirety as Highly Confidential Information]**